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DCI Advisory Commission on
Counterintelligence Analysis

I. Responsibilities

The DCI Advisory Commission has been established to advise the DCI on developing and maintaining a coherent, well defined, multidisciplinary counterintelligence analysis program. The Commission will review that program and provide the DCI a report that will be forwarded to Congress. This review should assess the effectiveness of the overall organizational structure and institutional relationships and provide the DCI with any recommendations for improvement. It should note whether or not it believes relevant agencies or departments are collaborating effectively for the purpose of ensuring that the Intelligence Community is maintaining a first-rate capability for multidisciplinary CI analysis.

As its first task, the Commission should review the in-depth study the Community Counterintelligence Staff is preparing, at the request of the SSCI, on how best to meet the needs of the U.S. Government for multidisciplinary counterintelligence analysis. This study will define the requirements for multidisciplinary counterintelligence analysis and will make recommendations for satisfying those requirements. It should be submitted to the DCI by 1 November. He will forward that, plus any recommendations or comments the Commission might have, to the SSCI by 15 November 1983.

II. Membership

The DCI, in consultation with the Attorney General and the Secretary of Defense, will select a chairman and three members, who will be retired officers from the Defense Department, the FBI, the CIA, or the Office of the DCI. John Bross has agreed to serve as the first chairman of the Commission. Members will include Messrs. [redacted] CIA), Bill Cregar (FBI), and Rowland Marrow (DoD). The Commission will meet several times a year, and the Office of the DCI will provide any required administrative support.

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SUPPLEMENTAL PERSONAL HISTORY STATEMENT

SECTION I.

INSTRUCTIONS

Answer all questions completely. If question does not apply, write "NA." Write "UNKNOWN" only if you do not know the answer and it cannot be obtained from personal records. If additional space is required use extra pages, same size as this and sign each page. Reference continued item by related section and item number.

The Privacy Act, Public Law 93-579, requires that Federal agencies inform individuals when they are asked to provide their Social Security Account Number (SSN) whether the disclosure is mandatory or voluntary, by what authority such number is solicited and what uses will be made of the SSN. Disclosures by you of your SSN on this form is voluntary. The authority for this solicitation is Executive Order 9397. The number is used as a means to confirm your identity. Failure to provide your SSN may delay the processing of this reinvestigation.

1. FULL NAME (Last-First-Middle-Maiden)

2. DATE OF BIRTH

3. PLACE OF BIRTH (City, State, Country)

4. SOC. SEC. NO.

SECTION II.

MARITAL STATUS

1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Remarried) SPECIFY:

2. NAME OF SPOUSE

(Last)

(First)

(Middle)

(Maiden)

3. DATE AND PLACE OF MARRIAGE

4. DATE OF BIRTH

5. PLACE OF BIRTH (City, State, Country)

6. OCCUPATION

7. PRESENT EMPLOYER

8. CITIZENSHIP

9. FORMER CITIZENSHIP(S) COUNTRY(IES)

10. DATE U.S. CITIZENSHIP ACQUIRED

11. STATE DATE, PLACE, AND REASON FOR ALL DIVORCES OR ANNULMENTS

SECTION III.

CHILDREN AND OTHER DEPENDENTS (Provide information for all children and dependents)

NAME	RELATIONSHIP	DATE & PLACE OF BIRTH	CITIZENSHIP	ADDRESS

SECTION IV.

RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD,
(2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT

(1)	1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. DATE OF BIRTH	4. PLACE OF BIRTH (City, State, Country)
	5. CITIZENSHIP (Country)	6. ADDRESS OR COUNTRY IN WHICH RELATIVES RESIDES		
	7. EMPLOYED BY	8. FREQUENCY OF CONTACT	9. DATE OF LAST CONTACT	
(2)	1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. DATE OF BIRTH	4. PLACE OF BIRTH (City, State, Country)
	5. CITIZENSHIP (Country)	6. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	7. EMPLOYED BY	8. FREQUENCY OF CONTACT	9. DATE OF LAST CONTACT	

SECTION V.

EDUCATION

LIST EDUCATION SINCE DATE OF LAST PH5

SECTION VI.

EMPLOYMENT HISTORY

LIST ANY PART TIME EMPLOYMENT SINCE DATE OF LAST PH5:

SECTION VII.		PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY	
1. NAME (Last First Middle)		2. RELATIONSHIP	
3. HOME ADDRESS (Number, Street, City, State, ZIP Code)		4. HOME TELEPHONE NUMBER	
5. BUSINESS ADDRESS (Number, Street, City, State, ZIP Code). INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE.		6. BUSINESS TELEPHONE NUMBER & EXT.	
7. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (spouse, mother, father ...) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE IDENTIFY THE PERSONS NOT TO BE NOTIFIED AND THE REASON.			

SECTION VIII. RESIDENCE (Since date of last PHS, if overseas residence indicate only city and country)		
ADDRESS - CURRENT RESIDENCE FIRST (Number, Street, City, State, Country) IF APARTMENT INCLUDE APARTMENT NUMBER(S)		INCLUSIVE DATES (Month & Year)
	FROM -	TO -

SECTION IX. REFERENCES - LIST THREE (3) SOCIAL REFERENCES RESIDING IN THE UNITED STATES ONE OF WHOM SHOULD NOT BE AN AGENCY EMPLOYEE. DO NOT INCLUDE RELATIVES.		
NAME	RESIDENTIAL ADDRESS	BUSINESS ADDRESS
1.		
2.		
3.		

SECTION X. SUPERVISORS - LIST YOUR CURRENT AND TWO PREVIOUS SUPERVISORS			
NAME	BUSINESS ADDRESS	TELEPHONE NO.	YEARS KNOWN

SECTION XI. PERSONAL DECLARATIONS				
1. HAVE YOU BEEN ARRESTED, INDICTED, OR CONVICTED FOR ANY VIOLATION OF LAW (Other than for minor traffic violations) SINCE THE DATE OF YOUR LAST PHS?		YES (explain below)		NO
2. SINCE THE DATE OF YOUR LAST PHS, HAVE THERE BEEN ANY UNFAVORABLE INCIDENTS IN YOUR LIFE WHICH MIGHT REQUIRE EXPLANATION?		YES (explain below)		NO
3. HAVE YOU USED ANY ILLEGAL, PROHIBITED DRUGS OR NARCOTICS SINCE THE DATE OF YOUR LAST PHS?		YES (explain below)		NO
4. HAVE YOU HAD ANY NON-OFFICIAL CONTACT WITH REPRESENTATIVES OF A FOREIGN GOVERNMENT, NOT PREVIOUSLY REPORTED?		YES (explain below)		NO

SECTION XII. ADDITIONAL REMARKS (USE ADDITIONAL SHEET IF NECESSARY)	

DATE	SIGNATURE OF EMPLOYEE
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AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any Investigator or duly accredited representative of the United States Government bearing this release, or a copy thereof, within one year of its date, to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic achievement, performance, attendance, personal history, disciplinary, residential, credit, medical, birth and other vital records, criminal, civil and domestic court records, and conviction and arrest records. I hereby authorize and request your release of such information upon request of the bearer. I understand that the information released is for official use only by authorized agencies of the U.S. Government as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization. Should there be any question as to the validity of this release, you may contact me as indicated below.

Signature (Full Name): _____

Full Name (Printed): _____

Other Names Used: _____

Date: _____

Current Address: _____

Telephone Number: _____

Parent or Guardian (If Required): _____

PRIVACY ACT NOTICE

Authority for Collecting Information

E. O. 10450

Purposes and Uses

Information provided on this form will be furnished to individuals in order to obtain information regarding your activities in connection with an investigation for security clearances or access. The information obtained may be furnished to authorized agencies of the U.S. Government as necessary in the fulfillment of official responsibilities.

Effects of Nondisclosures

Furnishing the requested information is voluntary, but failure to provide all or part of the information may result in a lack of further consideration for clearances or access.